

Medical Waste Reduction and the Annual Report

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How to prepare a medical waste reduction plan and submit annual reports

This fact sheet explains how to prepare and implement plans for reducing medical waste and how to report your progress in waste reduction annually. Please note, this document merely supplements Wisconsin's medical waste rules. Ch. NR 526, Wis. Adm. Code, outlines exactly what must be addressed in a medical waste reduction plan. If you have questions or wish to look at the rules on-line, refer to the end of this fact sheet.

Writing waste reduction plans

Who has to reduce medical waste? By law, everyone in Wisconsin who generates medical waste (defined as infectious waste and items that contain or may be mixed with infectious waste) must reduce it by keeping the non-infectious items separate from infectious waste at the source. This is called "source separation" and is required in s. NR 526.06, Wis. Adm. Code.

Who has to write and implement plans for reducing medical waste? Most hospitals and many clinics and nursing homes must write and implement these plans. Exempt generators (see below) will cut costs and save natural resources by preparing plans, too.

Exactly who is exempt from medical waste reduction planning? The following generators are exempt:

1. Generators other than hospitals, clinics or nursing

homes. Examples include free-standing laboratories, funeral homes, coroner's offices, blood collection centers and home health agencies.

2. Hospitals, clinics or nursing homes which generated less than 50 lb. of medical waste per calendar month (that is, in every calendar month of a calendar year), regardless of where the waste is treated.
3. Hospitals, clinics or nursing homes which generated more than 50 lb. of medical waste during only one calendar month of a calendar year and which average less than 50 lb. of medical waste per month over the same calendar year.

Note: A clinic is defined as "a place, other than a residence, that is used primarily for the provision of nursing, medical, podiatric, dental, chiropractic, optometric or veterinary care and treatment." "Clinic" includes a single doctor's office, outpatient surgery centers, dialysis centers and health services serving large corporations or public institutions (schools, colleges, prisons, etc.). "Clinic" does not include blood collection services, offices for home health care agents, stand-alone clinical laboratories, pharmacies, coroner's offices or mortuaries.

What is a "medical waste reduction policy"?

It is "a policy developed by a medical facility and designed to reduce the amount of medical waste generated within that medical facility, to prevent the mixing of infectious waste with waste which is not infectious and to promote practical alternatives to disposable items in the medical setting" [defined in s. NR 500.03(145), Wis. Adm. Code]. The policy is usually only a page long. You should adopt a policy before writing your waste reduction plan.

According to s. NR 526.17, Wis. Adm. Code, the policy simply states your commitment to begin the process of reducing waste. That is, you intend to:

1. Audit your current practices for managing solid waste generated in the medical facility and repeat the waste audit as necessary, according to s. NR 526.18, Wis. Adm. Code.
2. Prepare a medical waste reduction plan and update it as necessary, according to s. NR 526.19, Wis. Adm. Code.
3. Implement the medical waste reduction plan, according to s. NR 526.20(1), Wis. Adm. Code.
4. Assess the medical waste reduction plan and your progress toward your goals annually, according to s. NR 526.20(2), Wis. Adm. Code.
5. Submit progress reports to the department, according to s. NR 526.21, Wis. Adm. Code.

How do we do a waste audit? According to s. NR 526.18, Wis. Adm. Code, you must:

1. Identify all areas where solid waste is generated within the facility, known as the "source areas". Examples of source areas include treatment rooms, ER, laboratory, cafeteria, physician's offices and waiting rooms.
2. Identify the types (not amounts) of waste generated in each source area. One simple way is to check off boxes on a table that lists source areas down one side and waste types across the top. Wastes typically can be grouped as general (office, general discards), medical waste (infectious waste, sharps), dietary, recyclables (list types of recyclables if you like) and hazardous wastes.
3. Identify the quantity of medical waste generated in the whole facility (not in each source area) during the previous 12 months. Estimate the wastes discharged to the sewer system.
4. Identify the medical waste generation rate for the facility, using the formula in s. NR 526.21(1), Wis. Adm. Code.
5. Identify how medical waste is collected, stored, transported, treated and disposed from the source areas to the point of final disposal.

For more ideas about auditing waste, visit the Hospitals for a Healthy Environment website at www.h2e-online.org

May we open red bags during the audit? Yes, if it is necessary to open infectious waste containers to identify where non-infectious wastes are being mixed with infectious wastes, you may do so. [Section NR 526.07(3), Wis. Adm. Code, allows opening containers for waste audits.] But **DO THIS SAFELY**. Wear protective equipment and use your eyes and tools instead of your hands.

What is a "medical waste reduction plan"? A medical waste reduction plan describes how you have managed waste in the past and how you intend to reduce waste in the future by improving how you manage waste and by choosing practical alternatives to recyclables. A plan is much longer than a policy. The plan is not an end in itself; it is a working internal document which you must review annually and update at least every 5 years. Your waste reduction policy and plan may address all wastes, not just medical waste.

What does a medical waste reduction plan have to address? Every medical waste reduction plan should include the following seven components, which are common to all successful waste reduction programs:

1. Setting site-specific goals and objectives.
2. Describing past practices and "baseline" (current) practices.
3. Improving waste management practices.
4. Examining alternatives to disposable items.
5. Educating those who generate waste (employees and the public).
6. Monitoring progress and submitting progress reports to DNR.
7. Identifying who is responsible for implementing the plan.

Your plan should address each of the 7 components in detail, according to s. NR 526.19, Wis. Adm. Code.

When is the medical waste reduction plan due? Wisconsin's medical waste rules only specify when to submit the first progress reports (Part III of the annual report form 4400-177) which is March 1st each year. See also a question below regarding initial reporting dates.

Who should write the medical waste reduction plan? The "director" of the facility (i.e., the building manager) is ultimately responsible for writing the plan. To maximize waste reduction and cost savings, the director should ask a variety of people to help write and implement the plan and to monitor progress. Nurses, doctors, housekeeping and maintenance staff, purchasing officers and engineering/plant management staff all have important viewpoints to share.

Can we write one medical waste reduction plan for all our facilities? No. Each medical facility must write and implement its own plan to ensure that the director retains full responsibility for waste reduction [see ss. NR 526.17(intro), 526.18(intro) and 526.19(intro), Wis. Adm. Code]. Of course, directors of related facilities might have similar procedures for waste management and product purchasing, and they may work together to develop these sections. However, each plan must be unique in these four areas:

- results of its waste audit
- site-specific goals and objectives
- description of past practices
- persons responsible for implementing the plan

Preparing the annual report

What is the infectious waste annual report?

The infectious waste annual report combines two separate reporting requirements onto one form to save paperwork: a report on waste you sent off-site for treatment and a report on your medical waste reduction activities. The form itself has four parts:

- Part I collects basic information, e.g., generator's name and address and waste types
- Part II is the off-site treatment report
- Part III is the medical waste reduction progress report
- Part IV contains contact information and the signature of the top administrator, the "director"

When does our first medical waste reduction plan have to be completed? Your medical waste reduction plan must be written within one year after you are no longer exempt (see page one for exemptions).

By when must we first report on our plan?

Your first report on medical waste reduction is due March 1st of the year following the calendar year in which you are no longer exempt from implementing a medical waste reduction plan. The first report will probably be due while you are still writing your plan, therefore the first annual report should describe what you are doing to meet your one-year deadline.

What is the "Off-site Treatment Report" and who must file it? The off-site treatment report is part II of the annual report form. If you have to file the Medical Waste Reduction Progress Report (Part III of the annual report form), you probably have to file the Off-site Treatment Report too. Generators who treat most or all of their own waste may be exempt. To determine your exemption status, see the instructions to the infectious waste annual report form (available on DNR web site; see last page for Internet address) or discuss your situation with the DNR medical waste coordinator (contact information on last page).

What is the "progress report on waste reduction"? The progress report on waste reduction, which is Part III of the annual report form, includes:

- Calculation of the medical waste generation rate for the medical facility (Line K of the form)
- Dates and titles of the policy and plan for the facility (not a corporate plan) (Lines L, M and N)
- A summary of the medical waste reduction plan (Line O), a synopsis of what you intend to do in the future, including your goals and objectives and a timetable for reducing waste (see s. NR 526.19(3), Wis. Adm. Code)
- A description of progress (Line P), including list of your facility's goals and objectives with a brief description of what you have done **this year** to work toward each of them

What does the summary have to address?

The summary briefly describes your waste reduction plan by telling what you are going to do in the future to implement your goals and objectives. Answer the following questions:

1. What is your target medical waste generation rate? This should be a number like Line K of the

annual report, given in lb./patient-day or lb./treatment area per day or lb./treatment, NOT in lb./mo. or expressed as a percent reduction. Convert any percentages into a measurable rate.

2. How will you prevent the mixing of non-infectious waste with infectious waste?
3. How will you reduce the use of disposable items and evaluate alternatives to disposables? Describe your product review process and what criteria you will apply when evaluating alternatives.
4. How will you maintain an effective program through education, training, monitoring and assessment?
5. What is your timetable for reducing medical waste in your facility?
6. When was your last waste audit? When do you intend to do another audit?

How often do we have to submit a summary?

Submit a new summary whenever one or more of the following have occurred:

- the facility expands or changes hands
- a previous summary is found to be incomplete
- the plan or its goals and objectives have been revised
- it has been 5 or more years since the last summary was submitted

How do we set a target goal for a medical waste generation rate? There are several ways to do it.

- You can take last year's medical waste generation rate (line K of the annual report) and subtract a percentage of it. You decide how much.
- You may take some percentage of the total waste generated in your facility to estimate the amount that "should" be infectious waste. For hospitals, studies have shown that infectious waste is about 10% of total waste, although that may vary depending on the acuity of your patients. For nursing homes and clinics, the percentage would be much less, but we are not aware of any studies to suggest how much less.
- You can simply pick a target rate and keep lowering it each year until you are sure that only infectious waste is being put in your infectious waste containers. Then your goal can be to maintain that rate and you can turn your attention to other cost-saving measures such as

reprocessing single-use devices, energy conservation and natural landscaping.

Whatever target rate you choose, remember it is a tool for YOU. DNR will not dictate your rate.

What does the description of progress have to address? The description of progress tells what you did during the reporting year to accomplish your goals and objectives. Answer these questions:

1. How does Line K compare with your target medical waste generation rate? You may refer to charts or graphs if you explain their significance in writing. Please keep attachments to a minimum.
2. If the rate changed, why do you think it went up or down this year? If it's due to increased amounts of non-infectious waste, how will you address this next year?
3. How did you prevent mixing of wastes this past year? Cite examples.
4. How did you reduce the use of disposables this past year? Cite examples.
5. How did you maintain your waste reduction program this year? Who was trained and when? How was monitoring accomplished?
6. What worked? What didn't work and what did you learn? ("Mistakes" are valuable. DNR may be able to refer you to resources to help you, or conversely, your experience might help someone else.)
7. What will you try next? These could include new procedures, alternative products or new directions in waste reduction, such as eliminating mercury, reducing water use, composting food waste or using "green" cleaners.
8. What has delayed progress?

NOTE: If you have just gotten started, describe when and how you will audit your waste, write your plan and begin implementing it, and then answer as many of the above questions as you are able to.

How often do we submit a description of progress? Every year, unless you are exempt from implementing a plan altogether. Reports are due on March 1st for the preceding calendar year.

Do we have to send in our medical waste reduction policy and plan? No, please DO NOT send your policy or plan to DNR unless a DNR staff person specifically asks you for them. DNR does not routinely review these items; they are for your internal use. Instead, send to DNR the summary and description of progress described above.

Submitting annual reports

Who has to submit the infectious waste annual report? Generators who meet one or both of these conditions:

- Those who generate infectious waste in Wisconsin and send it to another place for treatment. [Off-site Treatment Report, Part II. For exemptions, see the annual report's instructions or refer to s. NR 526.15, Wis. Adm. Code].
- Those who run a hospital, clinic or nursing home [Medical Waste Reduction Progress Report, Part III. For exemptions, see page 1, the annual report's instructions or s. NR 526.21, Wis. Adm. Code].

Can we submit one annual report for all our facilities? No, not unless they are on one contiguous property. Under Wisconsin's medical waste rule, each separate property is considered to be a separate infectious waste generator, even if owned or managed by the same corporation. For example, if a hospital owns 3 outlying clinics, you must submit 4 reports, unless any facilities were exempt.

What if several generators are located on one property? If several separate generators (e.g., a hospital which rents space to physicians) are located on the same property AND they manage their infectious waste together, collectively they only need to submit one report, signed by all generators in the group. However, if a group member is also subject to waste reduction requirement, that generator must submit an individual progress report on waste reduction (Part III) on a separate form and submit the filing fee.

Where can we get an annual report form and instructions? You may view and download the annual report from the DNR Website (see last page). Or, you may contact DNR (see last page) and ask for Form 4400-177. The year after you submit your first report, DNR will send a pre-printed form directly to you.

When are annual reports due? The report is due March 1st for the preceding calendar year. 1995 was the first reporting year. If you discover you should have reported for a previous year, please submit a report and filing fee for that year as soon as possible, using the latest revision of the form.

What is the filing fee used for? The fee helps DNR cover the costs of collecting information, monitoring compliance and offering technical assistance about medical waste.

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For more information on this subject contact:

DNR Medical Waste Coordinator
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DNR Address

Bureau of Waste Management
Wisconsin Department of Natural Resources
P.O. Box 7921
Madison, Wisconsin 53707-7921

DNR Waste Website

For more information on this subject visit the DNR Waste Program website:

<http://www.dnr.wi.gov/org/aw/wm/index.htm>

Waste Publications Website

For a complete list of DNR waste publications, see:

<http://www.dnr.wi.gov/org/aw/wm/publications/>

DNR Regional Contacts

For additional information on waste management requirements and recycling options in your area, you may contact the waste management staff at these DNR regional offices:

- Northeast Region, Green Bay
920/492-5800
- Northern Region, Rhinelander
715/365-8900
- Northern Region, Spooner
715/635-2101
- South Central Region, Fitchburg
608/275-3266
- Southeast Region, Milwaukee
414/263-8500
- West Central Region, Eau Claire
715/839-3700

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